		PATER	IT AP	PLICA	TION	FF D	FTEDUIN	ATIC	to a cobed	don of in	lometion	unles	4	tope a val	d OM	B control or	umb umb
Substitute for Form PTO-875 Effective December 8, 2004													Application or Docket Humber				
					N AS FILED - PART I (Column 1) (Column 1)				SMALL ENTITY				OR	OTHER THE			•
1	FO BASIC FEE	MUMBER FILED			N N	VVBER EXTRA		RATE (1)		FEE (I)			RATE		FEE		
ŀ	(37 CFR.1 16(a), (M. $\infty$ (c)) SEARCH FEE (37 CFR 1 18(1), (M. $\infty$ (m)). EXAMINATION FEE (37 CFR 1 16(4), (D), $\infty$ (U)) TOTAL CLAIMS (37 CFR 1 16(3)) INDEPENDENT CLAIMS		N/A N/A			NIA NIA NIA		_	N	4	150.0			. WA		300.0	
I								_	N	^	\$250	╝.		· NIA		.\$500	-
ı			.NA					_	-	·AVA		-\$100		NIA		\$200	
H			Filmous 20 =					_	X\$ 25	٠	•		OR	X\$50	•	-	
٢	37 OFR 1 16(N)	-	IIIbo a		100 200		D		X100					X200	•		
	PPLICATION EE DI O'R 1 15(1))		If the specification and o sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or h 35 U.S.C. 41(a)(1)(G) an			Discation size see due entity) for each raction thereof. See and 37 CFR 1.16(s).		·  ·								:	
М	ultiple dep			+180	- 7		7	T	+360-	7	· .	_					
"If the difference in column 1 is less than zero, enter "O" in column 2.										14	ئ رئ	7	٠ ـ	TOTAL	7	1000	
	dolo	PPUÇATÎ		AMEN				. !	· !					•		1	
	71910	(Column 1) (Column 2) (Column Column						) 7 r	SMAI	LL EN	UM.	, 0	<u></u>	. OTH SMAI	ER T LEN	HAN . THI	
A F	Total		INING TER XMENT	ER MENT		BER OUSLY FOR	PRESENT EXTRA		RATE (5)	1	ADDI-			RATE (S)	ADOI- TIONAL	7	
Š	DI CFR L1609	1.//	<del>,</del>	Minus	2	0.	.0		X\$ 25			OR	X	150	+	FEE (0)	1
MENDMENT	Application Size East		Minus Minus		ئ	<b>?</b>	0		X100 .		•	OR		200			1
₹	Application Size Fee (17 CFR 1.16(4))  FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (17 CFR 1.160)									-				7	Z		1:
	DECEMBER OF CAME (STCFR.1.100)								180=	╀		· QR		360/=	1.	7	ŀ
		. ·			•	•			DO'L FEE	<u></u>		OR		PAL DL FEE	L	7	ľ
T	2-22-06	CUADA	S	• • •	HIGHE	ST	(Column 3)	٠,	<u> </u>	<del>                                     </del>		· V	_			,	Ŀ
	Total	REMAIN AFTEI AMENDM	ENT		PREVIOL PAID R	JSLY .	PRESENT EXTRA	Ľ	ATE (I)	TIO	NAL (3)			TE (S)	T	ADOI- TONAL EE (1)	
h	Micra Liggs	- 17	-4-	linus l	11:		•		\$ 25 .			OR	XS	. O			
9	of CFR LIGHT.	Foo CIT CE		Cous				×	100 .	·		OR :	X20	2.	-		
•	Application Size Fee (37 CFR 1.16(s))  FREST PRESENTATION OF MALTIFLE DEPENDENT CLAIM (97 CFR 1.16(s))							-	100				<u> </u>				•
				701	180=		$\dashv$	бя <b>[</b>		30=	<del></del> -						
	If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.								TL FEE	/	<u></u>	OR	ADDI	FEE	•		
41	the Tlighes! No he Tlighes! No e Tlighes! Non stick of Information	union Design	AND POP	S FOR UN	THUS SPY	WE 6 L	ess than 20, en	let 20			<del></del>	٠	٠		·:		
a.	tion of Inform	did to acco		- (100	- UT STUD	OHIOGHI)	rs the highest	number	found in th	e appro	od etaho	a in co	firme 1			1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the SPTO to princess) an application. Confidentistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, actualing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the infinituate case. Any commission at the amount of time you require to complete this form and/or suggestions for reducing this burden, should be east to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS UDDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2